

**Archival & Historical Committee
October 25, 2010
San Francisco, California**

**Interview with
Arnold Sokol, DO, FACOFP *dist.*
AOBFP Board of Director**

Dr. Froelich: Dr. Sokol, we would like to welcome you here and we are very happy to have you with us today. I'd like to begin today asking you to tell us your story how you began in osteopathic medicine.

Dr. Sokol: My family physician in Philadelphia was a DO, there was two brothers, the Brown brothers. They had separate practices, as most physicians had their own individual practices. I was a student at the University of Pennsylvania and had a couple friends who were going into osteopathy. There were only five schools and 25,000 osteopaths in the entire world at that time. I was working during my senior year and my doctor asked me to come into the office and he allowed me help examine patients with sore arms or sore legs and dermatologic problems, but nothing of a privacy nature. As a young student, I was just overwhelmed with such a great opportunity and the rapport he had with his patients was amazing. When I finished up, I applied to the Philadelphia College of Osteopathy and was accepted with a few others from my class.

I figured I would tell you what it was like in osteopathic colleges of that day. I still remember the first day I walked in being very apprehensive, frightened, excited, and everything all at once. We sat in a large auditorium and the Dean came in, and the Dean said, "From this moment on, you are all doctors. I want your fingernails clipped. I want them kept clean. I want you to wear a suit and a tie and a jacket every day," (a

white jacket at that time). He then said, "Look around because 25% of you kids will not be here by the time you finish." This set the theme in those days. Every teacher was a god. You would never say anything about a teacher. You would whisper behind them, but not to their face. When you went to class, you were there. If you didn't show up in class, it was an insult to the teacher. I don't even think they got paid in those days for their services of teaching in the schools. It was a relationship that: Yes, sir. No, sir. You are it, and you never argued; you never said anything. School was different than it is today. We went to school from 8:00 in the morning till 6:00 at night. We sat in a classroom. We discussed everything. Anatomy was three times a week, four hours a day. When we finished at the end of that year, I knew every muscle, every insertion, every origin of every muscle in the body. It's rather different than what they get in six weeks today, and half of it's on tapes and they never touch a body. The days were long and you sat there. You had histology, embryology, gastroenterology. In fact, I think it was in my second year that I took 28 exams in one trimester. You sat there, you learned every piece of the body, everything about the body, and this went on for three years. You were not allowed near the hospital. They thought if a student were to go near the hospital, the world would fall apart. Then finally in the third year, all of sudden you're thrown into this environment where you're touching people, you're examining people. In fact, I remember I was on call for OB the first time and they had bunk beds, and when the phone rang I fell out of the upper bed. (I was on the second tier and I didn't realize it; I stepped out...)

Dr. Sokol: One survived it. During the fourth year when you were in the hospital, you did everything. You saw everything. The clinics were rather extensive. You had patients all day long. You never waited around. You were always busy. There were people there of course that were supervising.

I was a "booth doctor". You had your own little booth, and they'd call you "Booth Doctors." And they'd come in and people would become attached to you and they'd want to see you. Everybody received OMT no matter what they came in for.

Dr. Froelich: Why did everybody receive OMT?

Dr. Sokol: Number one, it was a source of treatment that gave them relief of many systems and was practical to use. Don't forget, when I graduated, there was no hypertensive medications, there were no steroids, and there were three antibiotics. It made it very easy. You knew everything you had to do. There were no psychotherapeutic drugs, except phenobarb, which would make everybody sleepy. It was a different life. It was a different time.

Committee Member: What year did you graduate?

Dr. Sokol: 1962.

Dr. Froelich: What were the three antibiotics?

Dr. Sokol: Sulfa, penicillin, and streptomycin.

Committee Member: Penicillin was 1941 I believe.

Dr. Sokol: So it was a lot different. Then you finished up and you went to an internship. Internships in those days were very difficult to get. You had to be good. There were more young doctors than internships. There was nothing open in the EMD field, which is why I went into politics also. There was a place in Philadelphia called Metropolitan Hospital. This was the biggest. They had 200 beds, I believe, and I could've gone there, but they paid \$25 a month and I had a wife and two children, one on the way, so I went to a hospital that had paid

me \$75 a month, which was unbelievable. I'd bring my wife and kids. When I was on call, they'd all eat with me in the hospital. The internship was different also. You worked 36 hours on, 12 hours off. There were no weekends. There was no time-off. You just worked and it went on. There is no intensive care units, which certainly is something great today. If somebody was sick, you stayed up all night with them, you didn't leave. You were out there drinking coffee all night long and watching the patient till the next day when somebody else came on. In the hospital, we did a lot of OB, which was good. We had an emergency room that was fairly active. In fact, the year that I started my internship was the first year that they started electrical cardioversion (cardiac stimulation). I was on call, and in walks a man who was Harold Schreiber's patient, one of my colleagues. He says, "there's a bear around my chest. There's a bear on my chest." He collapses. Now being up to date modern doctors, we jump on his chest. We take the EKG. We put him up and we get him already and we put the paddles on, but we forgot to disconnect the EKG. We put the paddles on. Boom, the EKG blows up. Everyone looked, they had to go run get another EKG anyway. This guy lived and lived another six years after that. So it was quite a cardiac massage. I had only seen an open cardiac massage, which I'm sure very few of you people have ever seen. A 22-year-old patient, when I was an intern, who was there and he just collapsed. And he's there and everybody's looking at him. There's no closed cardiac massage. The pathologist walks in and says, "Why don't you open him up?" The surgeon's there. Everybody's there. He's only the guy that's used to opening up dead

people. He goes slit, opens up the heart, grabs it, starts pumping it, and the kid lived. In fact when I finished practice last year, he was still alive and still doing well. But it took a lot of guts to do that. I don't know how many guys would've grabbed the chest, open it up and grab the heart. Yeah, so internship, you did everything. In fact, it was about a 70-bed hospital when I started there and you got up every morning and you took blood. You got so proficient at taking blood that in your practice you could take blood from anybody and anything. It made no difference at all. Internship was really fun. No matter how hard you work, you enjoyed it. That's one thing I have to add that the 44 years or something I was in practice, I only gave it up last year, I enjoyed every day since going into practice. There was never a day that I did not enjoy going in and I was so thankful that I had something that I enjoyed so much every day of my life.

The internship was good, was highly enjoyable. Then we went into practice. In those days, you went by yourself. You went into practice. How I got my practice, one day I'm scrubbing in the operating room and the circulating nurse says, "Arnie," she called me by my first name, "would you like Danny's practice?" He's going back to become a pathologist?" I knew nothing about Norristown or anything else. She said, "Just pay for the building, whatever it's worth, and go into practice." He was the guy that saved the kid's life by the way. So I bought the building; I went into practice and I was seeing five/six patients a day. I had a wife and three kids by then, and I charged \$4 a visit. And there was a guy that would come in all the time and give me \$5. Now

what do you do? This is 20% more. I have a wife and three kids. I'm seeing eight to ten patients a day starting out, do I take this dollar? No, I'm a doctor. So I say, "No, I won't take that". He says, "I insist, doctor". This went back and forth. Then I decided to raise my prices to \$5, so that settled that problem. The practice in those days of course you were by yourself. You didn't have anybody else there. Everybody paid their \$5. I never sent a bill out for the first four years I was in practice because they either had the money or they didn't have the money. And you would go into practice in those days, a mother would come in with five kids, so you'd charge the full price for the first kid. The second kid, what are you going to charge? By the time the fifth kid came around, you were paying her, but never worried about money. It was always there. I never wanted to get rich. I just wanted to make sure I could take care of my wife and kids and sure enough, it went along very well that way.

Committee Member: What hospital were you on staff of?

Dr. Sokol: Riverview was an old place, looked like the Munster's lived there and it was very interesting place. We then built a wing onto it and ultimately we wound up at Suburban Hospital. So the first couple years in practice, I delivered babies, set bones, put casts on, did cardiology, and house calls. You made house calls back then. I'd get up at 2:00 in the morning, somebody would call me, I'd get dressed, put a tie on, a jacket and a white shirt and go out. "Oh, doctor, you're all dressed up." After they told me that enough times, I decided I wouldn't put the tie on. But anyway, the most ridiculous things in the world was of course making house calls. You'd go out there and say, "Yes, he's

having a heart attack." Or you'd be in the office, "I'll be there as soon as I can. Yes, he had a collapsed lung." And many times, I'd wind up putting the patient in my car and driving them over to the hospital and there were really no pulmonologists and anyone else, so you were the doctor. So it'd be 2:00 in the morning, I'd have to stay with the patient until they were stabilized and then go to the office, make rounds and come back again. In those days, GPs had a lot of patients in hospitals. We had one internist that was pretty good. Dr. Fornace, who would was excellent. If you had a sick patient and he came in and he looked at him, and they were a poor patient, and I'd say, "Doc." He'd say, "Just don't worry, Arnie. Don't worry about it, I won't charge her. Just take care of it." I mean the days of practice was such fun and so enjoyable and everything you did, everybody was a family. You took care of the aunts and the uncles and the grandparents and everything else. I could go into all the medicines we had. No anti-hypertensive medication. We had Reserpine where you'd give it to him, everybody come in the office sound asleep. A patient would get hit by a car outside your office and they take them to Montgomery Hospital (strictly an allopathic hospital then) and they take the patient, says, "Who's your doctor?" They say, "Dr. Sokol?" Dr. Sokol's not a real doctor. We won't send any reports to him," which was annoying at times. But you've got around that. In fact, in my practice, they knew if I was a DO and I only used Suburban Hospital at that time, (originally known as Riverview) and I would not use the other hospital. So you built a practice by you, not the hospital that you're on the staff of. People don't believe that anymore.

Committee Member: Talk about the Riverview, did they allow you on staff at the other hospitals?

Dr. Sokol: No.

Committee Member: How about Sacred Heart, when did they allow you on staff there?

Dr. Sokol: About the same time Montgomery did, but they went out of business.

Dr. Froelich: About what year was that closed? 1995?

Committee Member: 1994?

Dr. Sokol: Then we did go out to Montgomery Hospital and they wouldn't have anything to do with you. Some of the specialists didn't even send you reports. When you would send a patient to them, they'd take the patient and send them to somebody else. It was a very difficult time around 1972 for about four or five years and we had to do everything in our hospital. You did your own rounds. You delivered your own babies. That price I still remember getting \$125 for delivery. About every third patient paid me, so it was a loss of money. You'd make hospital rounds. So that's what it was like in practice, early practice. House calls were all the time, which were a waste of your time and patients also. You did them.

What happened, the hospital, we then decided to build a new hospital and that was a difficult time too because the specialist in those days were very set. It was a different world for the osteopathic specialist. You had nobody to refer to but them. They were the gods. They didn't... If you didn't send them the work, there's plenty others, plus there were many osteopaths in that area and there was a different relationship. They wouldn't call you. They did the surgery and the family physician attempted to build another hospital. By that time, I had

become chairman of the staff at the hospital. We got money together and we built the hospital, but there was a battle because the surgeons and everybody else there really didn't want to - - they were content. They had everything they wanted. There was going to be more doctors coming on and everything else, but we built the hospital. When I first went into practice, it cost you \$5,000 to join a hospital. They didn't want you because there's no place for you to go, therefore - - and you could pay it out. The surgeons and the specialists could not pay it out. They had to come up with \$5,000 to join the hospital and they kept a lot of people at the hospital staffed that way. So once we opened - - built the new hospital, all of sudden, the other two hospitals are starting to open up. Oh yes, sure you could apply. There was an MD that was an urologist who came over. There were a couple. There was an ophthalmologist that said, "Yes, I'd be glad to help out," and things like that. And once other specialists started coming into our hospital and we had a beautiful most modern hospital there, all of sudden the other hospitals started opening up. At that time, nobody really cared that they opened up because we had our own place. We didn't need them. As time went on, they became all merged process. The fact... When I went out, not every state was accepting a DO as a full physician. They had restrictions on medicines they were allowed to write. They had all kinds of things... Virginia was one of the ones that were very late finally come around.

Committee Member: Were there restrictions in Pennsylvania rights?

Dr. Sokol: No, not really when I went out. But it was very hard being an osteopath in that area having four or five medical schools, plus one osteopathic and everything

was there. Their specialists opened up quickly though when we started getting better. In fact, there were statistics at one time that I think 60% of all the family practice was being done by DOs in the Philadelphia area. So they really didn't have too much to say about it.

Committee Member: When did you start the residency program?

Dr. Sokol: I started the residency, I think I took the third exam and then I came back and I certified Harold Schreiber, also took it. Where all of sudden, we're certified family physicians and we decided or I decided I'm going to open up a residency. Harold then decided to become the DME of the hospital and he said, "Yes, it's a great idea. Let's do it." So I opened up a residency program. Now I think it was the second or third residency program in the country. I set up the program. I remember getting evaluated by Chris Kringle, well we called him Chris Kringle, who was the president of the AOA at that time. His practice was in New Jersey. He comes in, and I said, "Well...?" (I knew him because we had gone to school together. He was a couple years ahead of me.) He comes in, comes over to look over my new residency program. So tell me, ""What's a residency program?" What are you going to do about it?" It was really a fellowship. The first resident that I trained unfortunately is dead now. He was Mike Sacar was the first resident.

Dr. Sokol: So the resident followed me around almost like a little dog on a chain. In those days, I used to run 17 to 20 patients in the hospital all the time, so it kept them busy and I send them out to specialists who are training in urology or OB or whatever it had to be done and that was the beginning of the residency program. I was residency director or chairman for I don't know, 20 - - until about three years ago when I started retiring,

and the program turned into 12 residents a year. Alice Zal was one of my residents, who was very good, but the only one that went to France for one of our rotations. I don't know how she ever survived that.

Committee Member: Arnie, did the hospital start doing the residencies before the Medicare thing came in or?

Dr. Sokol: Yes. In fact, I didn't get paid. Nobody got paid in the early days of osteopathy. I started a residency program and put in a lot of time and effort and everything else. Nobody thought of getting paid. Nobody asked for getting paid. You were there to train the residents, and it started it out as one and then two and then four and every time I'd keep getting more applicants than I had places for, so I had to increase the slots, and the hospital of course was very happy to have the residents.

Dr. Sokol: But starting the residency program was exciting and it was fun. It was fun having the residents and following around with them and it's another part of the enjoyment of everything. At that time, by that time, I was chairman of the Department of Family Practice, which I was for about 27 years or something. I don't even know how long, and chairman of the staff. And at that time, there was a Leon Kowolski who was active in state politics. He said to me, "You're wasting your time here. Come to the state and see what we're going to do." So he got me elected from the district and then I sat on the board. I saw what was going on. We had so much to fight for in Pennsylvania. I don't think they had full rights on everything because there's always a battle in the legislature to go and something that we weren't allowed to write for narcotics. We weren't allowed to do this or do something and it was always a battle and we were

always there. You were always for fighting something. It was like a different world. Instead of fighting among yourself, you were all fighting to get the opportunity to be able to practice and not be cut down. The federal government did not accept DO doctors. When they did was in the Vietnam. In Vietnam, all of sudden in 1966 they started taking them, but part of that they didn't. We had to fight for that. We had to fight for this. There was always a struggle. In 1962 is when California went MD. I could understand, not from the point that they wanted to be MDs, but it made life so much easier to be an MD. To be on a hospital staff, to be able to refer wherever you want. You had X-rays, etc. It just made life easier. Leon took me out to the state and at that time, I became president of the state family practice society. How that came about was Mike Avallone one day said to me, I was out at the convention and he said, "You know we don't make any money out of this." He says, 'If you can make money out of it, it would be great.' So of course in those days, you talk to the detail people, "Sure I'm going to give you money, whatever you want." The following year, we had all kinds of booths. We made all kinds of money. The next thing I know, I'm president of the organization. I was also active of course at this time in the state and I became state president in 1994 and went on from there.

Dr. Sokol: The trips into politics started, as I said, this Leon Kowolski took me into the state, got me elected, got me on the board. I was on the state board, became president of the state board. I then... When I finished up, in those days I was

looking to get on this board and I wound up on the American Osteopathic Board of Family Physicians (AOBFP).

Dr. Sokol: AOBFP was very rewarding because you made all the tests and you tested the kids coming up and it was a very educational, enlightening and it took a tremendous amount of time. I would say I would be spending at least a month each year doing stuff for the AOA, other committees that I served on the Bureau of Specialists, the Bureau of Education.

Committee Member: Can you tell us about AOBFP?

Dr. Sokol: When I got on AOBFP there was Dr. Joseph Namey, who was a man that got things done. I would say he was a little dictatorial, but what he did was good for the profession, good for the board and good for everybody else. The board worked very hard. We would go to conventions and the whole time you'd never even leave the hotel. You'd just be working doing exams, reading questions and preparing for the next exam. The board is really very apolitical as opposed to other boards, so it was never a division of interest. Everybody worked for one thing. It was the education. As long as Dr. Namey was there, there were no arguments. He was the chair. He knew he was the chair and there's not going to be anybody else but him as chair. The workload was then set up among everybody else and the board worked and functioned very well and I think it still does.

Committee Member: Who else was on the board besides Dr. Namey?

Dr. Sokol: Dr. Mary Burnett, who is a wonderful person, very academic, very knowledgeable. Her husband, John Burnett, was on it for a time also. Harold Thomas was a late comer. Bonifacio was the only one that is there longer than I am.

Dr. Froelich: We appreciate this tremendously. Thank you so much for your services, especially to the AOBFP. I know that you will be considered an icon on that board one of these days for your service to the profession.